



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA SPINE HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Joanna Klavon

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Medicare Provider Number: NA

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$27473351	Contractual Allowance	\$0
Outpatient Patient Service Revenue	\$1783246	Other Deductions	\$13552
Total Gross Patient Service Revenue	\$29256597	Total Deductions	\$13552

3. Total Operating Revenue	
Net Patient Service Revenue	\$29243045
Other Operating Revenue	\$108914
Total Operating Revenue	\$29351959

4. Operating Expenses	
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Salaries and Wages	\$2241042	Employee Benefits	\$529255
Depreciation and Amortization	\$417378	Interest Expense	\$147115
Bad Debt	\$0	Other Expenses	\$14903010
Total Operating Expenses	\$18237800		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11114159	Total Assets	\$2339346
Net Non-operating Gains over Loss	\$1972	Total Liabilities	\$2466637
Total Net Gains	\$11116131		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29256597	\$0	\$29256597
Total	\$29256597	\$0	\$29256597

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$145	\$-145
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$49143	\$-49143
Other Allocations	\$0	\$0	\$0

Comments

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